

RECEIVED

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

FEB 12 2008 *new*
FEB 12 2008
MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT

EARLIE SPAN ,

PLAINTIFF ,

(Enter above the full name
of the plaintiff or plaintiffs in
this action)

vs.

Case No: **08C50023**
(To be supplied by the Clerk of this Court)

NURSE: CHADECK ,

PHYSICIAN ASST. COLGAN ,

DR. JOHN DOE. #1.

DEFENDANT'S

JUDGE KAPALA

(Enter above the full name of ALL
defendants in this action. Do not
use "et al.")

CHECK ONE ONLY:

XXXX

COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983
U.S. Code (state, county, or municipal defendants)

COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE
28 SECTION 1331(a) U.S. Code (federal defendants)

OTHER (cite statute, if known)

**BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.**

I. Plaintiff(s):

- A. Name: EARLIE SPAN , #N-22957
- B. List all aliases: _____
- C. Prisoner identification number: #N-22957
- D. Place of present confinement: DIXON CORRECTIONAL CENTER
- E. Address: 2600 N. BRINTON AVENUE ? DIXON , IL. 61021

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, and current address according to the above format on a separate sheet of paper.)

II. Defendant(s):

(In **A** below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in **B** and **C**.)

- A. Defendant: NURSE : CHADECK
- Title: NURSE
- Place of Employment: DIXON CORRECTIONAL CENTER (HOSPITAL)
- B. Defendant: PHYSICIAN ASST. COLGAN
- Title: PHYSICIAN ASSISTANT
- Place of Employment: DIXON CORRECTIONAL CENTER (HOSPITAL)
- C. Defendant: DOCTOR JOHN DOE #1.
- Title: DOCTOR
- Place of Employment: DIXON CORRECTIONAL CENTER (HOSPITAL)

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

III. Exhaustion of Administrative Remedies

You are required to exhaust all your available administrative remedies before bringing an action in federal court.

A. Is there a grievance procedure available at your institution?

YES (☒) NO () If there is no grievance procedure, skip to F.

B. Have you filed a grievance concerning the facts in this complaint?

YES (☒) NO ()

C. If your answer is YES:

1. What steps did you take?

The first step , I did was file a grievance with the
counselor , and then after he responded I then filed to
grievance officer , and Warden afterward to to Director
of Illinois Department of Corrections . See(EXH. A.)

2. What was the result?

No results circumvented the issue , and was considered
irrelevant to my medical issues .

3. If the grievance was not resolved to your satisfaction, did you appeal?

What was the result (if there was no procedure for appeal, so state.)

There is no appeal process but to go to the highest
authoritative figure Director: ROGER E. WALKER JR.

D. If your answer is NO, explain why not:

Illinois Department of Corrections does not have an appeal
process after one sends a grievance to the Illinois Depart-
ment of Corrections Director (ROGER E. WALKER JR.)

E. Is the grievance procedure now completed? YES (x) NO ()

F. If there is no grievance procedure in the institution, did you complain to authorities? YES (xx) NO ()

G. If your answer is YES:

1. What steps did you take?

NOT NEEDED THERE IS A GRIEVANCE PROCEDURE AT THE I.D.O.C.
WHICH I FOLLOWED THE STEPS TO THE HIGHEST AUTHORITATIVE
FIGURE .

2. What was the result?

NO RESUTS OR RELIEF REQUESTED .

H. If your answer is NO, explain why not:

N/A

IV. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court (including the Central and Southern Districts of Illinois):

A. Name of case and docket number: NONE

B. Approximate date of filing lawsuit: _____

C. List all plaintiffs (if you had co-plaintiffs), including any aliases: _____

D. List all defendants: _____

E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): _____

F. Name of judge to whom case was assigned: _____

G. Basic claim made: _____

H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): _____

H. Approximate date of disposition: _____

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

V. Statement of Claim:

State here as briefly as possible the facts of your case. Describe precisely how each defendant is involved. Include also the names of other persons involved, dates, and places. **Do not give any legal arguments or cite any cases or statutes.** If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

NATURE OF CASE

1. Plaintiff , Earlie Span , an inmate currently incarcerated at
Dixon Correctional Center , brings this action under Federal , and
State laws . Plaintiff seeks to recover for injuries he suffered when
the Defendants , medical staff, prison officials , failed to
provide adequate medical care following an altercation with another
inmate on or about January 7, 2006 .
2. At all times relevant to this action Plaintiff was incarcerated in
the Illinois State prison system .
3. Plaintiff was at the time of the altercation in which his hand
was fractured an inmate of Dixon Correctional Center , under the custody
of the Illinois Department of Corrections .
4. Defendant: Nurse: Chadeck, works for the Dixon Correctional Center
Hospital or the contracted Medical Company . She is sued in her official
and individual capacity .
5. Defendant: Physician Assistant: MS. Colgan is and was at the time
relevant to this action a physician assistant of the Dixon Correctional
Center , Hospital for the Illinois Department of Corrections . She is
sued in her official and individual capacity .

6. Defendant: Dr. John Doe 1. was at the time relevant to this action a doctor at the Dixon Correctional Center , Hospital for the Illinois Department of Corrections or the contracted company . He is sued in his official and individual capacity .

INADEQUATE MEDICAL TREATMENT

7. On or about January 7, 2006 , Plaintiff was involved in an altercation (fight) with another inmate and fractured his hand while at the same time sent to segregation .

8. Once at segregation he noticed that nurse Chadeck was making her rounds in checking for inmates that needed medical attention . Immediately Plaintiff told her that his hand was swollen . Once the officer opened the chuck hole or feeding opener to the cell , she looked at his swollen hand , and stated that it was not broken and that it looked fine . She offered tylenol to ease the discomfort .

9. After a few days Plaintiff's hand was still swollen and hurting more this is when plaintiff seen a physician assistant walking bye the cells and he told her that his hand was swollen and hurting him . She immediately had her assistane place his name for x-rays .

10. Nevertheless , until January 31, 2006 , Plaintiff's hand was x-rayed . Later on until February 8, 2006 , is when Plaintiff was Writ out for an assessment. This is when Plaintiff was told that his hand was fractured .

11. Consequently , on or about February 16, 2006 , Plaintiff was taken out (Writ) to an outside hospital called the University of Illinois , Chicago where reconstructive surgery was administered on Plaintiff's hand . In addition , on February 22, 2006 , Plaintiff was Writ out once again for a follow-up check-up to make sure the hand was healing right . Once again on March 1, 2006 , Plaintiff had an additional follow-up , wheras Plaintiff was unable to recieve treatment . Furthermore , on March 8, 2006 , Plaintiff was Writ again to have his sutures removed .

12. Subsequently , on or about March 2, 2006, Plaintiff spoke to the Medical Administrator at the institution concerning his difficulties in obtaining clean dressings for his injury , and that he needed pain medicine for the suffering he was feeling. . . . SEE: (EXHIBIT B. , MEDICAL RECORDS)

CLAIMS

COUNT ONE
(42 U.S.C. B 1983)

#1 THRU 12. paragraphs are restated , and realleged as paragraphs #1 THRU 12. of Count #1.

13. The intentional acts of conduct and omissions of the Defendant's as described above were done with deliberate indifference to the Plaintiff's rights , and medical needs for adequate medical care which constituted unnecessary wanton infliction of pain prescribed by the Eight Amendment in that Defendant's:

(A) Intentionally failed to provide adequate medical tests or care following the altercation on January 7, 2006 .

(B) Intentionally denied medical attention due to Plaintiff being sent to segregation which intended to harm Plaintiff or knew of risk of harm so significant thru an intent to harm Plaintiff .

14. The acts and omissions as described above by the Defendnats were done under the color of the State law , and with deliberate to the rights , and medical needs of Plaintiff thereby resulted in a deprivation and violation of his Eight , Fourteenth Amendment rights to be free from cruel

and unjust punishment . Plaintiff seeks redress pursuant to 42 U.S.C. § 1983 .

15. As a result and proximate result of the acts , and omissions of the Defendants , Plaintiff has suffered pain , mental anguish, humiliation , and injuries which required immediate medical treatment for proper healing , and till this day and also into the future has suffered psychologically , emotional damage , including as a result of the denial of medical care against him .

WHEREFORE , Plaintiff respectfully requests that this Honorable Court:

- A. Award compensatory damages of at least \$150,000.00 to Plaintiff ,
- B. Award punitive damages of at least \$150,000.00, to Plaintiff ,
- C. Order Defendants to pay the cost of the suit , and possible procuring of attorney fees to Plaintiff ,
- D. Grant such other , and further relief this Honorable Court deems equitable , just necessary and proper .

COUNT II.

(NEGLIGENT INFLICTION OF SEVERE EMOTIONAL DISTRESS)

#1. thru #12 . paragraphs are restated , and realleged as paragraphs #1. thru #12. , and #13 thru #15. of Count II.

16. As a direct , and proximate result of the acts , and omissions of the Defendants , Plaintiff has suffered pain , mental anguish , humiliation , & permanent deformities which required medical treatment which continue to this day , and into the future . Plaintiff further has suffered psychological , and emotional damage , and trauma as a result of inadequate

medical care and serious medical treatment .

WHEREFORE , Plaintiff respectfully request that this Honorable Court

(A.) Award compensatory damages of at least \$150,000.00 to Plaintiff ,

(B) Order Defendants to pay the costs of this suit , and procuring future attorney fees to Plaintiff ,

(C.) Grant such other , and further relief as this Honorable Court deems equitable , just necessary and proper .

JURY DEMAND

PLAINTIFF requests a trial by jury .

VI. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments.
Cite no cases or statutes.

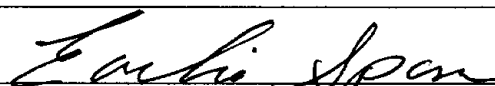
WHEREFORE , Plaintiff prays that this Honorable Court grant a judgement
against all defendants in their official capacity and personal capacity
in the amount of \$3000,000.00 , in compensatory and punitive damages .

FURTHERMORE , Plaintiff prays for judgement against each defendant in
their official and individual capacities in the amount of \$50,000.00,
for pain, suffering, emotional distress, and mental anguish , and
attorney fees . (SEE: ATTACHED SHEET FOR CONTINUANCE ON RELIEF)

CERTIFICATION

By signing this Complaint, I certify that the facts
stated in this Complaint are true to the best of my
knowledge, information and belief. I understand that
if this certification is not correct, I may be subject to
sanctions by the Court.

Signed this 7 day of FEB. , 2008


(Signature of plaintiff or plaintiffs)

EARLIE SPAN
(Print name)

#N-22957

(I.D. Number)

DIXON CORRECTIONAL CENTER

2600 N. BRINTON AVENUE

DIXON , IL. 61021

(Address)

EXHIBITS FOR COMPLAINT

I.

EXHIBIT A.
GRIEVANCE EXHAUSTION

II.



Illinois
Department of
Corrections

Rod R. Blagojevich
Governor

Roger E. Walker Jr.
Director

1301 Concordia Court / P.O. Box 19277 / Springfield, IL 62794-9277 / Telephone: (217) 522-2666 / TDD: (800) 526-0844

August 31, 2006

Earlie Span
Register No. N22957
Dixon Correctional Center


Dear Mr. Span:

This is in response to your grievance received on June 7, 2006, regarding medical treatment (alleges he is not receiving adequate for hand pain), which was alleged to have occurred at Dixon Correctional Center. This office has determined the issue will be addressed without a formal hearing.

The Grievance officer's report, 06-03-141, and subsequent recommendation dated May 4, 2006 and approval by the Chief Administrative Officer on May 8, 2006 have been reviewed.

Based on a total review of all available information, it is the opinion of this office that the issue was appropriately addressed by the institutional administration. It is, therefore, recommended the grievance be denied.

FOR THE BOARD:


Melody J. Ford
Administrative Review Board
Office of Inmate Issues

CONCURRED:


Roger E. Walker Jr.
Director

cc: Warden Nedra Chandler, Dixon Correctional Center
Earlie Span, Register No. N22957
Chron. File

EXHIBIT B.
MEDICAL RECORDS

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Outpatient Progress Notes

Offender Information:

Span

Earlie

Last Name

First Name

MI

ID#:

172147

2957

Date/Time	Subjective, Objective, Assessment	Plans
1/10/06 4P	NURSING SEG. ROUNDS <input checked="" type="checkbox"/> NO COMPLAINTS <input type="checkbox"/> COMPLAINTS	all right
1/12/06 9A	SEGREGATION ROUNDS q do	
Noted by Officer on 1/12/06 9:52		
1-12-06 5PM	NURSING SEG. ROUNDS <input checked="" type="checkbox"/> NO COMPLAINTS <input type="checkbox"/> COMPLAINTS	the same
1/13/06 5pm	NURSING SEG. ROUNDS <input checked="" type="checkbox"/> NO COMPLAINTS <input type="checkbox"/> COMPLAINTS	lady B
1-14-06 4P	NURSING SEG. ROUNDS <input checked="" type="checkbox"/> NO COMPLAINTS <input type="checkbox"/> COMPLAINTS	
1-15-06 1P	NURSING SEG. ROUNDS <input checked="" type="checkbox"/> NO COMPLAINTS <input type="checkbox"/> COMPLAINTS	no improvement

B-1.

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DOC 0084 (Eff. 9/2002
(Replaces DC 7147))

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ILLINOIS DEPARTMENT OF CORRECTIONS
Offender Outpatient Progress Notes

Offender Information:

Span

Earlie

ID#:

N2197

Last Name

First Name

MI

Date/Time	Subjective, Objective, Assessment NURSING SEG. ROUNDS <input checked="" type="checkbox"/> NO COMPLAINTS <input type="checkbox"/> COMPLAINTS	Plans
Y16/06	Said have hand pain	2 Chartm
	O SKIN Warm Dry Resp even	Pn F-4 Sick
	unlabored Sp head hurt upon	Call PRN
	transfer to sup & smiling pull	
	down Referred protocol T glans	
	A hand c/o —	2 Chartm
1-17-06 430pm	NURSING SEG. ROUNDS <input checked="" type="checkbox"/> NO COMPLAINTS <input type="checkbox"/> COMPLAINTS	W Improved PR
Y18/06 10A	NURSING SEG. ROUNDS <input checked="" type="checkbox"/> NO COMPLAINTS <input type="checkbox"/> COMPLAINTS	
Y18/06 642	NURSING SEG. ROUNDS <input checked="" type="checkbox"/> NO COMPLAINTS <input type="checkbox"/> COMPLAINTS	2 Chartm

Offender Outpatient Progress Notes

Offender Information:

Span

Last Name

Eantis

First Name

MI

ID#:

2957
N22-1497

Date/Time	Subjective, Objective, Assessment	Plans
01-19-06 4:20 P	NURSING SEG. ROUNDS <input checked="" type="checkbox"/> NO COMPLAINTS <input type="checkbox"/> COMPLAINTS	
	NURSING SEG. ROUNDS <input checked="" type="checkbox"/> NO COMPLAINTS <input type="checkbox"/> COMPLAINTS	
01-20-06 4	NURSING SEG. ROUNDS <input checked="" type="checkbox"/> NO COMPLAINTS <input type="checkbox"/> COMPLAINTS	Grandahl LM
1-21-06 4 PM	NURSING SEG. ROUNDS <input checked="" type="checkbox"/> NO COMPLAINTS <input type="checkbox"/> COMPLAINTS	OK Stodden
1-22-06 4 PM	NURSING SEG. ROUNDS <input checked="" type="checkbox"/> NO COMPLAINTS <input type="checkbox"/> COMPLAINTS	Stodden
1-23-06 5:40 PM	NURSING SEG. ROUNDS <input checked="" type="checkbox"/> NO COMPLAINTS <input type="checkbox"/> COMPLAINTS	Stodden
1-24-06 5 P	NURSING SEG. ROUNDS <input checked="" type="checkbox"/> NO COMPLAINTS <input type="checkbox"/> COMPLAINTS	Blackburn
1-25-06 10 A	NURSING SEG. ROUNDS <input checked="" type="checkbox"/> NO COMPLAINTS <input type="checkbox"/> COMPLAINTS	error ADC
		VOID
		error ADC

Offender Information:

ID#: 112-2-197

DOC 0084 (Eff. 9/2002
(Replaces DC 7147)

Offender Outpatient Progress Notes

Offender Information:

<u>Span</u> Last Name	<u>Eddie</u> First Name	M	ID#: <u>122197</u> 2957
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Date/Time	Subjective, Objective, Assessment	Plans
1/26/06	NURSING SEG. ROUNDS	
6:00 PM	NO COMPLAINTS NO COMPLAINTS	
1-31-06 8AM	(R) Hand X-ray taken at Dixon Cl.	Glenn K
2/8/06 3:05 PM	Medical Writ, Ortho, U of I Hospital, evaluate (R) hand	Berkeley R
2/8/06	Returned from Wnt	2 Chas R
2/9/06 10:30 AM	Not seen in sick call out on furlough	Beng R
2/10/06	SICK CALL B/P TPR	
8:00 AM	Sick call need	I/m reports he will wait for
	no clinic appt already in place	no clinic appt. re pt Hand clinic
0 -	no medical clinic	
	Admission Sick call need	

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Offender Outpatient Progress Notes

Offender Information:

Span Eddie ID#: 1122197
 Last Name First Name MI

Date/Time	Subjective, Objective, Assessment	Plans
	SICK CALL B/P _____ TPR _____	C.O. 2/13/08 8:00 AM
2/14/08 6 ⁴² AM	CMP, CBC drawn @ arm. Direct pressure of bandaid to site. E Bassett MD	
021506 9 ¹⁵ PM	I/M admitted to Infirmary for Observation pre op R hand S & G %s at this time	PCPM and CM
	O WH 205 VS 120/82 98 76 18	as ordered
	AAX3, ambulatory gait steady	-hold ASD
	respiration unlabored, skin	-may have
	flesh tone speech clear	NOT to sip
	R hand deformity on posterior	water
	side in middle	-NPO midday

A pre op R hand

Shanda

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Offender Infirmary Progress Notes

Dixon CC Center

Offender Information:

Span Carlie ID#: N22957
Last Name First Name MI

Date/Time	Subjective, Objective, Assessment	Plans
8:30p 02-16-06	S "hand, arm hurts"	P CPM and care
	O 150/100 64 12	as order
	Alert, ambulatory; gait steady	- R hand arm sling
	R arm sling/cast; capillary	- VS q-shift
	refill WNL; respiration	- do not remove
	unlabored, skin W/D	dressing until assessed
	flesh tone; speech clear	by PA/Dr
	A post op R hand	- regular diet
		- resume HCTZ & ASA
		- Vicodin & Keppra
		Grandahl LA
2/17/06 12:30am	S: No c/p pain @ this time	P. Cont. to monitor
	O vs: BP 100/50 T 95.3 P 60 R 16	+ medicate
	Skin; flesh tone, warm + dry	as ordered
	Alert + oriented x 3. R hand dressing + brace	
	intact: finger tips warm + blanch	
	well.	
	A. Post op R hand	V. Thomas RN

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Infirmary Progress Notes

Quinn Center

Offender Information:

Span
Last NameCarlisle
First NameID#: N22957

Date/Time	Subjective, Objective, Assessment	Plans
2/17/06 3 AM	S, S/R I could really use something for pain. When ask what level he said a 7 or 8. O, S/R Pain fresh post op A, Post op pain	P, II Vicodin given for pain as ordered V. Thoma
2/17/06 10 A	S: Offers no C/O's O: Skin w/D, flesh tone. Dressing to R hand D/I. Fingers warm, not blanch well. Slight edema of fingers noted. A: Post op R-hand.	P: Continue to monitor & medicate as ordered. B. Richardson

Dixon Collections Center

Offender Information:

Span	Earlie		ID#: N22957
Last Name	First Name	Mi	

Date/Time	Subjective, Objective, Assessment	Plans
2/16/09 110p	Surg Admin Note Reason for admit Surgery R hand fx R 4th MC. <u>Examination</u> Displaced fx R 4th MC now in Surg @ V&I ortho <u>Diagnosis</u> ORIF R 4th MC	P Admit Vitals qd Orders for post op care per V&I Resume HCTZ + ASA per med. orders Regular diet Do not remove dress until assessed by PR/NP

Noted Grandahl CM
02-16-00 DOC 0085 (Eff. 9/2002)
5/2/00 (replaces DC 7147)

Offender Information:

Span

Last Name

Earlie

First Name

MI

ID#: N2295

Date/Time	Subjective, Objective, Assessment	Plans
2/16/06 1245 AM	S. Pt. says he understand he is not to eat or drink anything as a prep for his medical visit. O: Resting in bed. Skin flushed, warm, + dry. No SOB. No signs of distress. Alert + oriented x3. (R) hand obvious abnormal rise in hand bones.	P. NPO May have HCTZ + sip of H ₂ O in AM No aspirin Medical visit @ Hof I Chicago Hosp for hand surgery (R) hand.
2/16/06 45 AM	A. Prep for (R) hand surgery. Left for 800 AM at @ University of Ill. Hosp. Chicago Surgeon for surgical prepain (R) 4th finger	J. Thomas MD J. Thomas MD

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(Replaces DC 7147)

Offender Information:

Last Name

-First Name

M

ID#:

B-12.

Offender Infirmary Progress Notes

Ryan CC

Center

Offender Information:

Span
Last Name*Earlie*
First Name

MI

ID#: *N22957*

Date/Time	Subjective, Objective, Assessment	Plans
2/17/06	custody INFIRMARY P.A. NOTE	P/CPM
1056a	S: Qclv D. VSS - ① hand - post splint ↳ bandages in place WTS to fingers caprefill L2sec	Do not remove bandages
	A: S/P ORIF ① hand	
02-17-06 5PM S:	There's not had a p. gel away - P: ① hand - splint / drug CDT Del cap retro nail has skin mark In thumb S/P m. able to move fingers - Punk for 9 Voodoo II P.D. gun Curasol N: S/P ORIF Rt 4th MC	Noted Blue mark 2/17/06 IP P: Cont 2 St. Anthony
02-17-06 11PM S:	No C/O's P: ↑ ① hand fingers - splint / drug CDT A: ORIF Rt. 4th MC	P: CMT St. Anthony

Offender Infirmary Progress Notes

Center

Offender Information:

Span
Last NameCharlie
First NameID#: N22954
MI

Date/Time	Subjective, Objective, Assessment	Plans
2-18-06	INFIRMARY NURSING NOTE	Recall to nurse
9 AM	11/17/8973-70-16	recalls x
	Small SR 11' pinna about	directed
	9(7) "	more slowly
	1) AOX(3) pin colorless	pin
	for with respun	ortho needs
	abnormal not dry	inc fluid
	WE and rhinos	
	3 O2 not used	
	Ward Vaginal 24	
	given upon next to	
	photo of eye I explain	
	upst about in all	
	ft-SR DRIF @ hand	
2-18-06 5pm	S: "I feel alot better tonight"	
	O: AOX 3 ↑ ambulatory to	
	dayroom apparent distress	

Offender Infirmary Progress Notes

Super Concave Center

Offender Information:

Spa

Last Name

Earles

First Name

MI

ID#:

162957

Date/Time	Subjective, Objective, Assessment	Plans
2-18-04 5 PM	crossing to Rhana D & P finger noted to be warm good cap refill S/M demonstrating numbness Swamp clear & Respon & unlabored A: SIP ORIF Rhana	P: Cont to monitor & medications ordered N. Robinson
02-18-04 11 PM 3:	S/M appears no %. O: no medical changes in condition Splint Dress removed & D. Rhana Ed cap retro S/M denies any numbness et moves finger tips & - P: Cont & care No distress @ this present time. A: S/P ORIF Rt 4th MC	as directed J. P. Lynn

Offender Infirmary Progress Notes

Dexter Connelly Center

Offender Information:

Last Name: Sp First Name: Earlie MI: ID#: N22957

Date/Time	Subjective, Objective, Assessment	Plans
2/19/06 11:45 AM	S: "My hand hurts this morning. I did O.K. through the night." O: Lm Rt hand in a splint. Lm fingers are w/d & fleshtone. Lm has good Cap. refill in all fingers. Lm complying well = leaving splint on & keeping hand elevated. H: S/P Rt. 4th MC ORF	P: Cont to keep hand elevated as much as possible. Report any A's in hand. Cont meds. M: MWP
02-19-06 11:30 PM	S: No C/O's O: Splint & wrap remain O.D.I. gd cap refill nail beds & w/d. No disc for now H: ORF Rt 4th MC.	P: Monitor for level of meds as ordered - B. Dwyer

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Infirmary Progress Notes

Dixon W Center

Offender Information:

Span
Last Name

Earlie
First Name

ID#: 122957

Date/Time	Subjective, Objective, Assessment	Plans
2-20-06 4pm	S: ocb O: A+D x3 Apparent distress Lymph clear all fields & Resp even & unlabeled Dressing / Splint x4 to R hand A: SIP R hand ORIF 4th MC.	P: Cont to monitor & medical as ordered
2/21/06 12:30pm	S: ocb O: 4th sleeping soundly. Resp. even & unlabeled. @ hand w/o & flesh tones. Comp. refill wax. A: SIP @ hand ORIF 4th MC	P: Cont to keep splint dry & intact. elevate as much as possible. Cont meds + monitor.
2-21-06 8:30A	INFIRMARY NURSING NOTE 122188 954 64-14 5" dm heavy pain @ elbow 4(1)" O: A10 x31 shi w/ color / sh to elbow	m: none w/ w ear

Distribution: Offender's Medical Record

B-17.

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(Replaces DC 7147)

Offender Infirmary Progress Notes

Dixon CC

Span Last Name

Earlie
First Name

ID#: 1122251

Date/Time	Subjective, Objective, Assessment	Plans
2/21/06	<p>cont</p> <p>resp up in abd no orth</p> <p>splint cast CD2 WE many</p> <p>fingers well vascular it has</p> <p>given to promote coxal</p> <p>relaxation up it about</p> <p>in cell slow steady gain</p> <p>A S/P ORIF (R) hand</p>	<p>Plan to monitor</p> <p>indicate NG</p> <p>directed</p> <p>enc fluc's</p> <p>essentially</p> <p>put</p> <p>off</p>
2/21/06	<p>INFIRMARY P.A. NOTE</p>	<p>P/has flu</p>
1243p	<p>S: q do</p> <p>O: splint in place</p> <p>NOTE to fingers</p> <p>A: S/P ORIF (R) hand</p>	<p>tomorrow</p> <p>@ UOI</p> <p>CPM for now</p> <p>until new</p> <p>orders for</p> <p>UOI.</p>

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Infirmary Progress Notes

Dixon CC Center

Offender Information:

Span
Last Name

Carlie
First Name

MI

ID#: N22957

Date/Time	Subjective, Objective, Assessment	Plans
5P 02-21-06	S & Ys at this time O Alert, ambulatory, @ wrist hand cast dry & intact, respiration unlabored, skin w/ flesh tone.	PCPM and care as ordered Grandall
830 02-21-06	Apostop @ hand Vicodin ii given	Grandall's
02-21-06 11 PM S	No c/o's	
	O: A/D skin w/ flesh tone 4/5 clear Rt hand splint cast - wrap forearm CPT gd cap retro to nail beds - gd finger movement. No resp distress	P: Cont & care as directed - Porter
Ai	S/P O.R.T. Rt hand 4th MC	
2200h	INFIRMARY NURSING NOTE	
10 th	118/78 95% 62-12	
	S - Inmate goes out B A/D @ skin color flesh tone	2900h Cont

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B-19.

DOC 0085 (Eff. 9/2002)
(Replaces DC 7147)

Offender Infirmary Progress Notes

Center

Offender Information:

Span

Last Name

Earlie

First Name

ID#:

1122957

Date/Time	Subjective, Objective, Assessment	Plans
2/22/06	W/P Resp supine abd hand Rgt splint cast R/E C/D moves finger freely up & about in C/D A-S-P Orit (R) hand	Placed to monitor medicate & as directed oversees Pain
2/22/06 12 ³⁰ P	Called PA Colgan re: removing splint for I/M transfer for writ. PA Colgan stated to use flex cuffs. B. Richardson	
2/22/06 approx 1:45 P	Left on medical unit approx 1:45 P security officer	
02-22-06 8:20 P	Returned from Medical Unit S & G at the time C AAX3, ambulatory, good capillary refill, hand w/D (R) hand cast, fingers have	Grandall P CPM and care as ordered Grandall

ROM/movement

A post op R Nerve

Distribution: Offender's Medical Record

DOC 0085 (Eff. 9/2002)
(Replaces DC 7147)

Offender Information:

Offender: Span Earle ID#: N22957
 Last Name: Span First Name: Earle MI:
 Facility: Diana

Date	02-21-06												02-22-06												02-23-06												02-24-06												02-25-06											
Hosp Day/Po Day	1												1												1												1												1											
Hour	4	8	12	4	8	12	4	8	12	4	8	12	4	8	12	4	8	12	4	8	12	4	8	12	4	8	12	4	8	12	4	8	12	4	8	12	4	8	12																					
Temperature																																																												
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8 PM																																																												
12 PM																																																												
Blood Pressure																																																												
Height																																																												
Urine																																																												
Bath: C-P-T-S																																																												
Oral Hygiene																																																												
PM Care																																																												
Diet																																																												
Ate																																																												
Slept																																																												
Activity																																																												
Bed Rest																																																												
Bed positioning																																																												
R.O.M. Exercises																																																												
Whirlpool																																																												
Transfers																																																												
Walk																																																												
Other:																																																												
Name																																																												
7-3																																																												
3-11																																																												
11-7																																																												

CNA Miller 3p-11p & CNA 3p-11p

Distribution: Offender's Medical Record

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DOC 0110 (Eff. 9/2002)
(Replaces DC 1705)

Offender Information:
 Last Name: Span First Name: Carl ID#: N22957
 Facility: Wyan CC

Date	02-16-06	02-17-06	02-18-06	02-19-06	02-20-06																						
Hosp Day/PO Day																											
Hour	4	8	12	4	8	12	4	8	12	4	8	12	4	8	12	4	8	12	4	8	12	4	8	12			
Temperature																											
106																											
105																											
104																											
103																											
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99																											
98																											
97																											
96																											
Pulse																											
Respiration																											
Hours																											
4 AM																											
8 AM																											
12 AM																											
4 PM																											
8 PM																											
12 PM																											
Blood Pressure																											
Weight																											
Stools																											
Urine																											
Bath: C-P-T-S																											
Oral Hygiene																											
PM Care																											
Diet																											
Ate	W	F	P	W	F	P	W	F	P	W	F	P	W	F	P	W	F	P	W	F	P	W	F	P			
Slept	W	F	P	W	F	P	W	F	P	W	F	P	W	F	P	W	F	P	W	F	P	W	F	P	W	F	P
Activity																											
Bed Rest																											
Bed positioning																											
R.O.M. Exercises																											
Whirlpool																											
Transfers																											
Walk																											
Other:																											
Staff Name	7-3	Bryghart W. Oser																									
	3-11	Kendall W. Oser																									
	11-7	V. Thomas W. Oser																									

BPA Miller 3p.16

Distribution: Offender's Medical Record

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DOC 0110 (Eff. 8/2002)
 (Replaces DC 1705)

ILLINOIS DEPARTMENT OF CORRECTIONS

Offender Infirmary Progress Notes

Ryan MC Center

Offender Information:

Span
Last Name

Carlie
First Name

MI

ID#: N22952

Date/Time	Subjective, Objective, Assessment	Plans
02-22-06 9:30	Vicodin π given 9:30 pm	Grandahl MC
02-22-06 11:30	No 'lo's	
	<p>O: A/O skew w/12 flesh tone - Rt hand split & Drapremains O.D.F. & gel P: vs g d - Cant feel movement of fingers & gel cap R hand - Monitor pr retro nail beds - No abnormal edema, lacerations as directed</p>	
	A: S/P ORIF R 4th MC - stable	Stable Lym
2/22/06	INFIRMARY P.A. NOTE	P/Dle BTU
9:26 am	Surfing Discharge Summary	Not too big tid
	Reason for adm	V/LW
	S/P ORIF @ 4th MC	Dlc Vicodin
	Cause in inj	Low bunk
	Do's well - split cast	X 2 wks
	minimal pain dressing	Q sports X 1 mo
	Chrt	Plu hsk
	Diagnosis	
	S/P ORIF @ 4th MC	<p>9th noted 2/22/06</p>

Distribution: Offender's Medical Record

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DOC 0085 (Eff. 9/2002)
(Replaces DC 7147)

Offender Infirmary Progress Notes

Center

Offender Information:

Span
Last Name

Carlie
First Name

ID#: N 22957

Date/Time	Subjective, Objective, Assessment	Plans
2-23-06	INFIRMARY NURSING NOTE	P-dish BTU
9:40 AM	110/88 95-60-12	
	5 cm to 1/2 in. out	
	O AIO X ³) skin color flush to	
	W.D. rom up me 100000	
	right split cast CR2 WE may	
	finds free up about	
	slowly rail	
	A- sport	

Transferring Facility:

BYRON CC Center

Offender Information:

Span Last Name Earlie First Name ID#: N22957

Date: 1/31/06 Time: 9:50 AM ☒ a.m. ☐ p.m. D.O.B. 5-26-65

Transfer Screening (completed by transferring facility health care staff):

Allergies: NKA Food Handler Approved: _____

Current / Acute Conditions / Problems: Displaced FX Rt. Hand. 4th proximal MCB

Chronic Conditions / Problems: HTN, Hx GSW Rt Arm

Current Medications (name, dosage, frequency, and duration):

Acute Short-term: 0

Chronic Long-term: ASA EC 325 \times PO q AM. NITZ 25mg PO q AM

Chronic Psychotropic: 0

Current Treatments: 0

Therapeutic Diets: 0

Follow-Up Care: RHC

Chronic Clinics: HTN Clinic

Specialty Referrals: 0

Significant Medical History: 5' yellow FX ORIF in 92", GSW @ ARM 91"

Physical Disabilities / Limitations: 0

Assistive Devices / Prosthetics: 0 Wire Frame, Partial D

Mental Health Issues: ☐ Hx Suicide Attempt Date: _____ ☐ Hx Psych Med ☐ Hx MPC/STC Substance Abuse: ☐ Alcohol ☐ Drugs

R & C Use Only: ☐ LAB ☐ EKG ☐ CXR ☐ Dental ☐ MEDS ☐ MH ☐ Other: _____ ☐ Packet Complete

M. Noble LPN
Print Name and Title

M. Noble
Signature

Date

Reception Screening (completed by receiving facility health care staff):

Facility: _____ Date: _____ / _____ / _____ Time: _____ ☐ a.m. ☐ p.m.

Subjective: _____ Assessment: _____

Current Complaint: _____

Current Medications/Treatment: _____

Objective: _____ Plan: Disposition: _____

Physical Appearance/Behavior: _____ ☐ Health Information Given ☐ Emergency Referral: _____

Deformities: Acute/Chronic: _____ ☐ Sick Call: Urgent / Routine

T: _____ P: _____ R: _____ B/P: _____ ☐ Medication Evaluation ☐ Therapeutic Diet ☐ Special Housing ☐ Chronic Clinics

☐ Work / Program Limitation ☐ Specialty Referrals ☐ Other (specify): _____

☐ Infirmary Placement: _____

☐ Other (specify): _____

Printed Name and Title

Signature

Date

For adult transition center transfers only:

I understand that medical and dental care are my responsibility while I am housed in a transition center. I also understand that if I am in need of health care and I cannot afford y for it, I may be transferred back into a facility within the Department that can provide my medical, mental health, or dental needs.

Offender's Signature

Date

Time

☐ a.m. ☐ p.m.

Distribution: Offender's Medical Record; Transferring Facility;
Receiving Facility

DOC 0090 (Eff. 9/2002)
(Replaces DC 873)

IN THE
UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

EARLIE SPAN ,

PLAINTIFF ,

-VS-

NURSE: CHADECK ,
PHYSICIAN ASST. COLGAN ,
DR. JOHN DOE #1. ,

DEFENDANTS .

CASE NO. #

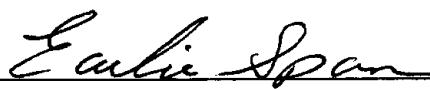
HONORABLE:
JUDGE PRESIDING .

NOTICE OF FILING

TO: MICHAEL W. DOBBINS
CLERK OF THE U.S. DIST. COURT
UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION
219 S. DEARBORN STREET
CHICAGO , IL. 60604

ALL DEFENDANTS ADDRESS
DIXON CORRECTIONAL CENTER
2600 N. BRINTON AVENUE
DIXON , IL. 61021

PLEASE TAKE NOTICE , that on the 7 day of February , 2008 , I have
filed a Complaint , and Application to Proceed Without Prepayment of Fees
and Affidavit , Motion for Appointment of Counsel , exhibits, and six-
month inmate ledger , an original and three copies here served upon you .

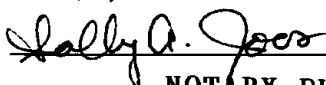

EARLIE SPAN , N-22957

CERTIFICATE OF SERVICE

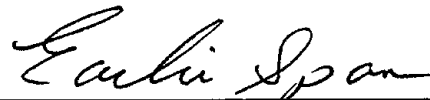
I, Earlie Span , being first duly sworn upon my oath deposes and
states that the following caused to file the above documents in the
amounts stated to be served to the above named authorities by placing the
same in the U.S. Mail Box in Housing Unit #36, located at the Dixon C.C.
in Dixon , Illinois for delivery as First Class Mail .

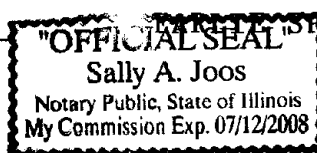
SUBSCRIBED AND SWORN TO BEFORE ME

THIS 7th DAY OF FEBRUARY , 2008.



NOTARY PUBLIC


EARLIE SPAN , #N-22957



08 C50023

Jd. Kapala

POST MARKED envelope for initiating document.

JUDGE KAPALA

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FEB 12 2008

MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT

EARLIE SPAN , #N-22957
DIXON CORRECTIONAL CENTER
2600 N. BRINTON AVENUE
DIXON , IL. 61021

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JUDGE KAPALA

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CLERK, U.S. DISTRICT COURT

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CLERK OF THE U.S. DISTRICT COURT
UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
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CHICAGO , IL. 60604

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